## 108000035928

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SECRETARY OF STATE
AND ASSEE, FLORIDA

T. CLINE

MAY 1 3 2009

**EXAMINER** 

## **COVER LETTER**

FO: Registration Section Division of Corporations	
	A Aanytime Locksmithing LLC ame of Limited Liability Company
	. ,
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Kathy Smith	1
Name of Person	
A Aanytime Locksmi	thing LLC FASE 28
Firm/Company	LAE
700 DE38 D-	thing LLC  SECRETARY OF STATE TALLAHASSEE. FLORID  ive  32439
728 Phillips Dr	ive Sin Z
Address	
	$\mathbb{P}_{\mathcal{O}} =$
	32439
Freeport, Florida	32439 5 F
City/State and Zip Co	de
aanvtime@hotma	uil com
aanytime@hotma E-mail address: (to be used for future ann	ual report notification)
For further information concerning	this matter, please call:
Kathy Smith	at ( 850 ) 8351049
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRI	ESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•
Enclosed is a check for the	following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	A Aanytime Locksmithing LLC			
2. (a) Principal office address of limited liability company:		728 Phillips Drive		
(Note: MUST BE STREET ADDRESS)	Freepo	ort , Florida 324	439	
(b) Mailing address of limited liability company:	-	728 Phillips Dr	rive	
(Note: MAY BE POST OFFICE BOX)	Freepo	ort , Florida 324	439	
April 09,2008		L080000	35928	
3. Date of filing/registration in Florida	4. Docu	ment number		
5. (a) Registered Agent and Registered Office shown	on the record	ds of the Florida	a Dept. of Stat	te:
Registered Agent:	United	States Corpor	Hop Agents.	INC.
Registered Office Address:	320 S. Pembro	Flamingo Roa oke, Florida 33	6327 ★ 7 12 3627 × 12 8627 × 12	
(b) Enter name of <b>NEW Registered Agent</b> and/or	NEW Regist	ered Office ad	dess:	
<u><b>NEW</b></u> Registered Agent:	Kathy S	<u>Smith</u>		<del></del>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	<del></del>	nillips Drive		
	Freepo	Freeport ,FL32		439
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the member or authorized representative of a member of the limited liability company or as confirmed that the change of the registered agent will be in liability company or as confirmed that the change of the registered agent will be in liability company or as confirmed that the change of the members of the limited liability company or as confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the operating agreement of the limited liability company or as confirmed that the operating agreement of the limited liability company or as confirmed that the operation of the limited liability company or as confirmed that the operation of the limited liability company or as confirme	he Florida str identical. Or,	eet address of the in the case of a reauthorized by	he registered o Florida limite an affirmativ	office ed ve vote
Printed or typed name of signee	<u></u>			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	ind agree to a se proper and sy position as o merely refle pany has bee	ct in this capac complete perfor registered agen ect a change in t n notified in wr	ity. I further of rmance of my it as provided the registered iting of this cl	agree to duties, for in office hange.
Signature of Registered Agent				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00